-	PATENT A	APPLICATIO Effect	N FEE DE			ON RECO	RD		Appli ·	ation	or Do	ocket Num	ber ·
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR - SMALL ENTITY		
TOTAL CLAIMS			27					RATE	ı	EE	1	RATE	FEE
FO	FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 35	5.00	OR	BASIC FEE	710.00
τo	TOTAL CHARGEABLE CLAIMS		27 minus 20=		• 3			X\$ 9=		11	OR	X\$18=	126.
INDEPENDENT CLAIMS			c4 minus 3 =			1		X40=	1	Π	OR	X80=	805
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	1		OR	+270=	
*If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL										+-	OR	TOTAL	96
A CLAIMS AS AMENDED - PART II											OTHER	THAN	
Column 1) (Column 2) (Column 3) SMALL ENTITY OR SM											SMALL		
MA		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	TH	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	· 27	Minus	- 3	7 \	-)		X\$ 9=	I		OÄ	X\$18=	4 3
AMENDMENT	Independent				4			X40=	17	,	OR	X60=	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=	
		. (•••					101/		··· \lambda	OR	TOTAL	
U	0/29/0	(Column 1)	• • •	. (Colu	ımn 2)	(Column 3))	ADDIT. FE	E	9.25	***	ADOIT FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG. NUA PREV	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	I	DDI- ONAL		RATE	ADDI- TJONAL FEE
DAG	Total	.27	Minus	a	7	• Ø ·] .	X\$ 9-	V		OR	X\$18=	<u> </u>
MEN	independent	· U	Minus		ψ :	- 0]	X40=	1		OR		
<u> </u>	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	† CLAIM		J	+135=	+	_	1	-	
								107	-1-	\rightarrow	OR		
					-1			ADDIT. FE			JOR	ADDIT. FEE	<u> </u>
		(Column 1) CLAIMS		FIG	mn 2) HEST	<u>(Column 3</u> I	4			001	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	T	DDI- ONAL FEE		RATE	TIONAL
	Total	٠	Minus	*		=	1	X\$ 9=			OR	X\$18=	
FE	Independent	•	Minus	***	(T A) A***	-	4	X40=			OR	X80=	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		OR		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***OF TOTAL ADDIT. FEE ADDIT. FEE													

FORM PTO-475 (Rev. 8/00)

Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE
"U.S. GPO: 2000-463-705/00103